Application Data Sheet

Application Information

Application number:: (TBA)
Filing Date:: 09/16/03
Application Type:: Regular

Subject Matter:: Utility

Suggested classification::
Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs:: Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: Gum Based Chewing Product and Process for

Preparing the Same

Attorney Docket Number:: 06420.00001

Request for Early Publication?:: NO

Request for Non-Publication?:: NO

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?:: YES

Latin name::

Variety denomination name::

Petition included?:: NO

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: NO

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	India
Status::	Full Capacity
Given Name::	Abhijit
Middle Name::	
Family Name::	De
Name Suffix::	
City of Residence::	Sodepur Dist. 24 Parganas (N)
State or Province of Residence::	West Bengal
Country of Residence::	India
Street of mailing address::	A/56, Artcon Complex Barasat Road, Amarabati
City of mailing address::	Sodeput Dist, 24 Parganas (N)
State or Province of mailing address::	West Bengal
Country of mailing address::	India
Postal or Zip Code of mailing address::	743 178
Applicant Authority Type::	Inventor
Primary Citizenship Country::	
Status::	Full Capacity
Given Name::	
Middle Name::	
Family Name::	
Name Suffix::	
City of Residence::	
State or Province of Residence::	
Country of Residence::	
Street of mailing address::	
City of mailing address::	

State or Province of mailing address:: Country of mailing address:: Postal or Zip Code of mailing address::	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	
Status::	Full Capacity
Given Name::	
Middle Name::	
Family Name::	
Name Suffix::	
City of Residence::	
State or Province of Residence::	
Country of Residence::	
Street of mailing address::	
City of mailing address:: State or Province of mailing address:: Country of mailing address:: Postal or Zip Code of mailing address::	

Correspondence Information

Correspondence Customer Number:: 22908

Representative Information

Representative Customer Number:: 22908

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
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Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
Indian	543/CAL/02	09/17/02	YES

Assignee Information

Assignee name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::